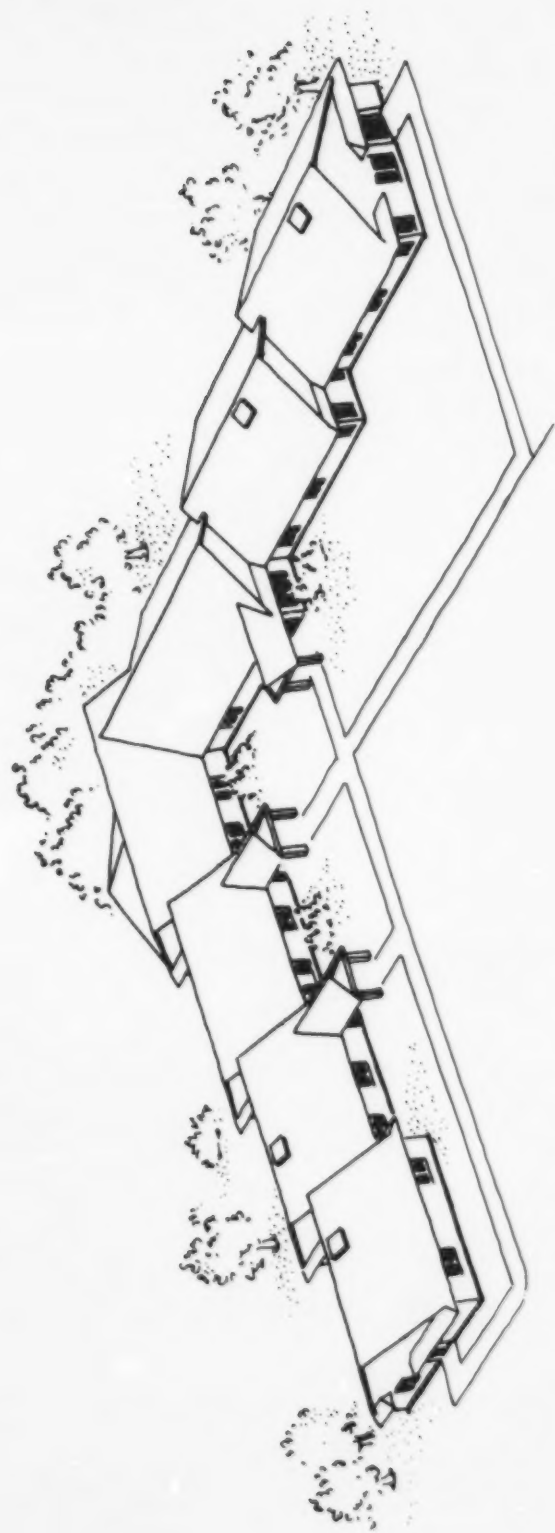




ANNUAL REPORT 1990 - 1991

Hospital and Health Services
Commission of Prince Edward Island

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

MONTAGUE OFFICE COMPLEX
DOUSES ROAD
P.O. BOX 3000
MONTAGUE
PRINCE EDWARD ISLAND
COA 1R0

ANNUAL REPORT
FOR THE YEAR ENDING
MARCH 31, 1991

Lieutenant Governor of Prince Edward Island
The Honourable Marion L. Reid

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the activities of the Hospital and Health Services Commission for the period April 1, 1990 to March 31, 1991.

Respectfully submitted,

Wayne D. Cheverie

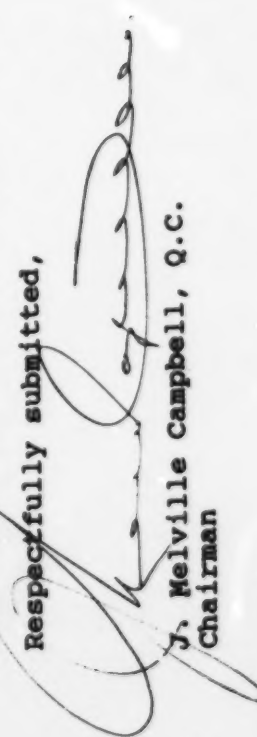
Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

Honourable Wayne D. Cheverie, Q.C.
Minister of Health and Social Services
Province of Prince Edward Island
Charlottetown, P.E.I.

Honourable Minister:

I am pleased to submit herewith the Annual Report for the Hospital and Health Services Commission for the fiscal year 1990-91.

Respectfully submitted,

A large, stylized handwritten signature in dark ink, likely belonging to J. Melville Campbell, is written over the signature line and extends upwards into the text area.

J. Melville Campbell, Q.C.
Chairman

TABLE OF CONTENTS

Members of Hospital & Health Services Commission.....	V
Organizational Chart.....	V1
Introduction & Commission Mandate.....	1
Administrative Organization.....	2
Benefits of the Plans.....	4
Highlight of Activities.....	6
Committee Reports.....	11
Statistical Compendium.....	16
Exhibit # 1 - Distribution of expenditures of the Hospital and Health Services Commission of P.E.I. 1989/90 & 1990/91.....	17
Exhibit # 2 - Per Capita costs for total expenditures 1984/85 - 1990/91.....	18
Exhibit # 3 - Physician Complement, November 1989, 1990 & 1991.....	19
Notes re Exhibit # 3.....	20
Exhibit # 4 - All Physicians as a Percentage of the Total, 1990 & 1991.....	21
Exhibit # 5 - Specialists as a Percentage of Total, 1990 & 1991.....	22
Exhibit # 6 - Percentage of Physicians by Range of Annual Payment, 1987/88 - 1990/91.....	23
Exhibit # 7 - Population to Physician Ratio (excluding Interns & Residents) 1985 - 1989.....	24
Exhibit # 8 - Services by In-Province Physicians, 1987/88 - 1990/91.....	25
Exhibit # 9 - Dollars paid to In-Province Physicians, 1986/87 - 1990/91.....	26
Exhibit # 10- Geographic locations of P.E.I. community hospitals.....	27
Exhibit # 11- Utilization Statistics, Hospitals of Prince Edward Island, 1987/88 - 1990/91.....	28
Exhibit # 12- Comparative Statistics, P.E.I. community hospitals, 1990/91.....	29
Exhibit # 13- Bed Type - by hospital.....	30
Exhibit # 14- Dollars paid to In-Province hospitals, 1985/86 - 1990/91.....	31
Exhibit # 15- Dollars paid to Out-of-Province Physicians, 1985/86 - 1990/91.....	32
Exhibit # 16- Dollars paid to Out-of-Province Hospitals, 1985/86 - 1990/91.....	33
Exhibit # 17- Summary of Out-of-Province Admissions & Days of Stay, 1989/90 & 1990/91.....	34
Exhibit # 18- Selected High-Cost Procedures, April 1/90 - March 31/91.....	35
Auditor General's Report, Year ending March 31, 1991.....	36

MEMBERS
HOSPITAL & HEALTH SERVICES COMMISSION.
AND
EXECUTIVE DIRECTOR

MEMBERS

J. Melville Campbell, Q.C.
Chairman

James Burleigh
Vice Chairman

Marguerite Connolly

Dr. Kent Ellis

David Ford

Debbie Good

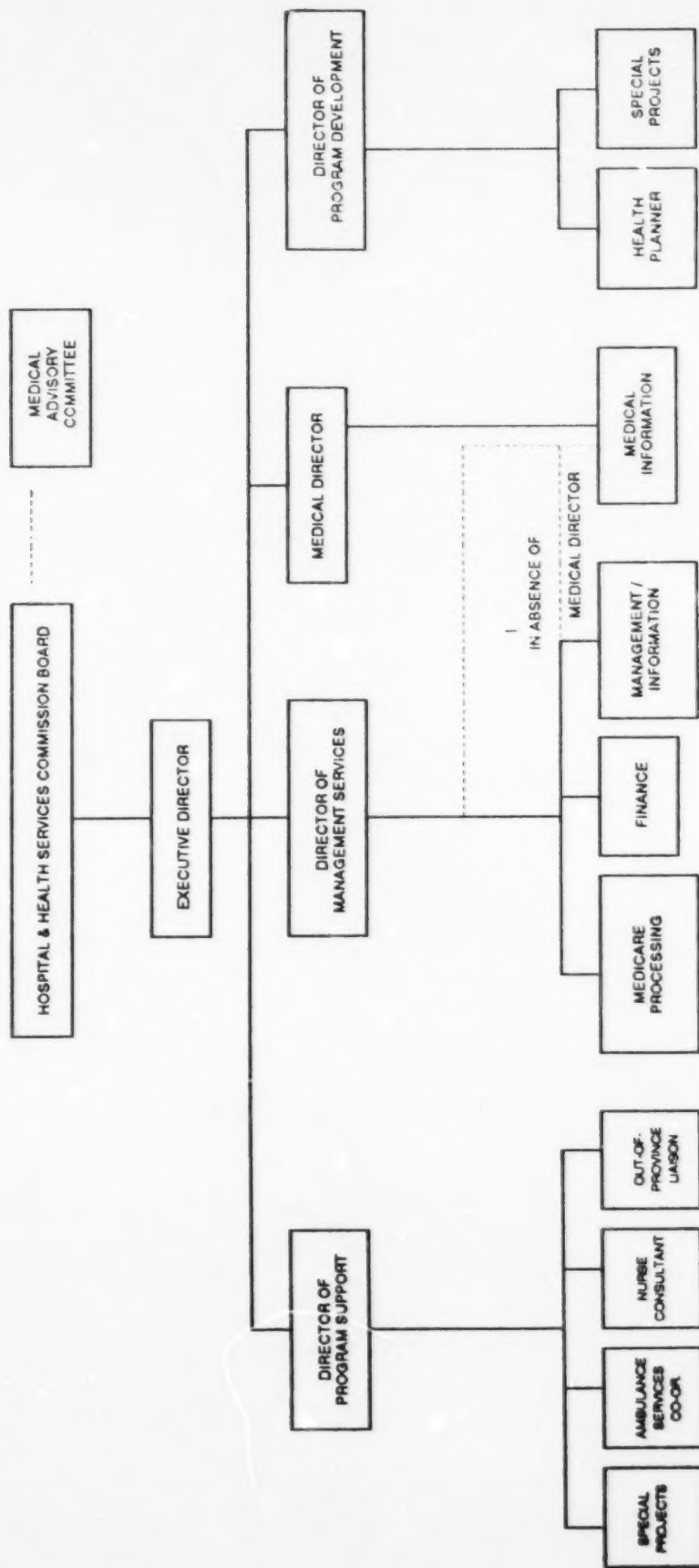
Dorothy MacLeod

Leonard Munroe

Agnes Arsenault

Lorne R. Moase
EXECUTIVE DIRECTOR

HOSPITAL & HEALTH SERVICES COMMISSION ORGANIZATIONAL CHART



INTRODUCTION:

The Hospital & Health Services Commission provides payment toward the cost of services which are medically required and are provided by physicians to patients in their homes, in doctors' offices and in hospitals as established through the Health Services Payment Act. Certain services provided by dentists in hospital may also be included.

The Commission as well maintains a plan of hospital care insurance for the people of Prince Edward Island in accordance with provisions of the Hospital and Diagnostic Services Insurance Act and Regulations.

In addition, the Hospital and Health Services Commission administers the funding for the School of Nursing, the Red Cross blood program, the Ambulance Subsidization program and implements the Ambulance Regulations as established under the Public Health Act.

The Annual Report presents a summary of activities to December 31, 1991, with financial statements and statistics for the fiscal year April 1, 1990 to March 31, 1991.

COMMISSION MANDATE:

1) The Commission is a manager and implementer of government's direction for the health care sector, and in particular, for the allocation of resources.

2) The Commission must be an advocate for the health care system. The Commission must fairly and aggressively represent the health care sector and government. It must be the facilitator between governments of departments and the various components of health that interface with government.

The Commission must, through a working partnership with health care providers, facilitate the development of a strategic plan for the health care system. This strategy would require:

- the identification and prioritization of needs for the health care system,
- the acquisition of appropriate resources,
- the development of a system to implement a health care plan, and
- a process of evaluation and review of the strategy.

**ADMINISTRATIVE
ORGANIZATION :**

The Hospital Care Insurance Plan and the Health Insurance Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the costs of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is funded by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is determined by the Commission within the terms of reference of the respective Acts.

Day to day administration of the plans is carried out through a Program Development Division, Management Services Division and Program Support Division, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by the Medical Director, who may seek advice from the Medical Advisory Committee, composed of five physicians nominated by the Medical Society of P.E.I. and appointed by the Commission.

The Medical Advisory Committee meets on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

**PROGRAM SUPPORT
DIVISION:**

This Division is responsible for the ongoing administration of those programs and services directly affecting the delivery of hospital services. This involves outreach programs to identify needs, the initiation and development of programs and services to meet these needs and the ongoing provision of appropriate services. Such programs currently include French Language Services for Hospitals, Out-of-Province Liaison, Emergency Services and the Hospital Employee Classification System. This division also develops health care standards and carries out program audits to determine that such standards are being met.

PROGRAM DEVELOPMENT DIVISION

This division is responsible to put in place policies, priorities and strategies to meet and accomplish the goals of the Commission. The division initiates innovative programs and projects to test new and varied methods of health care delivery and provides support in information collection and data evaluation. In addition, Program Development directs the development and implementation of a physician resource plan and a provincial hospital services plan.

MANAGEMENT SERVICES DIVISION

Management Services is responsible for managing and directing the programs and staff for all financial, personnel and administrative activities that fall within the mandate of the Hospital & Health Services Commission. This division is also responsible for the management of a comprehensive claims information system.

MEDICAL DIRECTOR

This position is responsible for the overall management and direction of the medical aspect of the health care system. In particular, the Medical Director develops medical policy and standards for acute care, in concert with other physicians, develops guidelines and procedures dealing with specific medical issues and problems, monitors use of physician services and provides consultant and advisory services as necessary.

MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee, composed of five physicians, makes recommendations to the Commission on matters affecting the effective and efficient administration of the Insurance Plans. In particular, the Committee reviews particular cases and physicians' practices regarding possible over servicing or over utilization, or where medical requirement of a service is questioned.

B E N E F I T S O F T H E H O S P I T A L A N D H E A L T H I N S U R A N C E P L A N S :

HOSPITAL CARE INSURANCE PLAN:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- . standard ward accommodation and meals
- . necessary nursing services
- . laboratory
- . radiology and other diagnostic procedures
- . use of operating room, case room, anaesthetic facilities, use of radiotherapy
- . use of physiotherapy and occupational and speech therapy
- . routine surgical supplies

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g. drugs and dressings.

HEALTH CARE INSURANCE PLAN:

The plan contributes towards the cost of most medically required services rendered by the physicians, including:

- . visits to the patient's home, to the doctor's office or in hospital
- . anaesthetic services
- . surgical services
- . obstetrical services, including pre-natal and post-natal visits
- . certain oral surgery procedures performed by dentists where admission to hospital is required
- . eye refractions performed by an ophthalmologist

The following physician services are not included as benefits:

- . services not related to the prevention, diagnosis or treatment of disease such as medical examinations for employment or insurance coverage, attendance at an educational institution, etc.
- . group inoculations and immunizations such as those carried out in schools
- . preparation of testimony reports, doctors' certificates, etc. required for administrative or legal purposes
- . advice or prescriptions given over the telephone except for advice re anticoagulant therapy

- . doctor's travel time, detention time required in a patient's home unless special permission is obtained from the Commission
- . cosmetic surgery unless medically required
- . materials or drugs used by any physician while rendering medical services
- . eye glasses or lenses or other appliances such as hearing aids, artificial limbs, or other devices.
- . eye refractions performed by a family physician

Services provided by chiropractors, audiologists, podiatrists, osteopaths, physiotherapists, optometrists, nurses or other paramedical personnel are not included in the Plan, nor are the normal services rendered by a dentist in his office.

**H I G H L I G H T O F
A C T I V I T I E S
JANUARY 1/91 - DEC. 31/91:**

1. AMBULANCE SUBSIDY PROGRAM:

The P.E.I. Hospital and Health Services Commission is given responsibility under the Public Health Act for the administration and operation of the P.E.I. Ambulance Service Assistance Program. This program is administered in cooperation with the P.E.I. Ambulance Operators' Association and provides for licensing of ambulance personnel, vehicles and equipment as well as the negotiation of subsidization. The Ambulance Service Assistance Program contributes to the cost of providing a uniform and adequate system of emergency ambulance services for Island residents. Currently, fourteen (14) ambulances, operated by six (6) private companies are licensed. Each ambulance operation is provided with a fixed ambulance service subsidy in addition to mileage at the rate of 50 cents per kilometer. Additional funding is also provided through an Education Fund in the amount of \$8,000., an Out-of-Province Uncollectibles Fund of \$5,000. and a mechanism for the reimbursement of non-resident uncollectibles.

2. CLAIMS INFORMATION SYSTEM

The Hospital & Health Services Commission is responsible for the processing and payment of physician claims for services rendered under the Health Services Payment Act. In 1989, the Commission implemented electronic billing, whereby physicians' claims for payment are input in the physicians' offices and transferred electronically to the Commission's computerized system for processing. Payment information is returned in the same manner to the physicians' office after processing.

Electronic billing has provided substantial improvements in the overall efficiency of the physician payment system for both the Commission and the physician.

Currently, 102 physicians are participating in this initiative, representing approximately 70% of the physicians practicing full time on P.E.I.

It is expected that 95% of Island physicians will be electronically billing the Commission by April 1, 1992.

3. FRENCH LANGUAGE HEALTH SERVICES PROGRAM

In 1990, a Provincial Coordinator of French Language Services was employed by the Hospital and Health Services Commission with the support of the French Services

Secretariat, to implement French Language Services in P.E.I. hospitals.

Through federal and provincial contributions, bilingual registered nursing positions at the Queen Elizabeth Hospital and the Prince County Hospital have been filled. This program also allows for bilingual signage at the Prince County Hospital and the Western Hospital, and for employees to enroll in French Language Training.

As well, written health care instructions are being reviewed and translated. French Language Health Services Advisory Committees have been formed at the Queen Elizabeth, Prince County and Western Hospitals to act in an advisory capacity to the Hospital and Health Services Commission.

4. G.P. PSYCHIATRY EVALUATION REPORT

In July, 1991 the Hospital and Health Services Commission Board approved the recommendations of the G.P. Psychiatry Evaluation Report. The report evaluated a pilot program established in 1990, whereby 4 P.E.I. general practitioners received training provided by the Dalhousie Department of Psychiatry and then assisted psychiatrists on Unit 9 of the Queen Elizabeth Hospital with their workloads. The study indicated that the program was not used as extensively as was anticipated and some implementation problems were

noted. However it was believed the potential for the program to be successful still existed. As a result, the report recommended that the program be continued for another year, with several administrative changes and evaluated again at the end of that year.

5. GERIATRIC ASSESSMENT UNIT

In October, 1990, the Hospital and Health Services Commission Board accepted the report, "A Concept Plan for a Geriatric Assessment Unit on P.E.I.", which recommended a model for geriatric assessment services on P.E.I. The model included the establishment of a geriatric assessment unit within the acute care system, with an outreach component to other communities on P.E.I. Since that time, Commission staff have been continuing to discuss with the Department of Health and Social Services and the two larger hospitals the possibility of establishing such a model on P.E.I. In addition, the Department of Veterans Affairs has expressed an interest in contributing some funding to such a unit.

6. HOME PROGRAMS

A) Children's Home Program:

The Hospital & Health Services Commission provides payment through the Queen

Elizabeth and Prince County Hospitals' operating budgets for a Children's Home Care Program. This program allows children to be discharged from hospital and treated at home. Most children are admitted to the program from out-of-province hospitals such as the I.W.K., but others can be admitted directly from P.E.I. hospitals. Services provided by this program include medical-surgical supplies, equipment and selected drugs for the following treatments: tube feedings, infant apnea monitoring, home immunoglobulin replacement therapy, desferal infusion for thalassemia, home infusion for hemophilia, central venous access lines, total parenteral nutrition, nutritional program for cystic fibrosis and a tracheostomy program. In 1991, there were 7 requests for children to be put on the tube feeding program, 1 for central venous access line and 1 for the tracheostomy program.

B) Home Dialysis Program:

Effective April 1, 1991, the budget and management for the P.E.I. Home Dialysis Program was transferred to the Division of Home Care & Support of the Department of Health & Social Services. To assist in the transfer, a Coordinating Committee, with representation from the Hospital & Health Services Commission, was established. A summary of the Committee's report is included in the section entitled "Committee Reports".

7. LABORATORY CROSS-TRAINING PILOT PROJECT

In response to a request from rural Island hospitals for assistance in the area of recruitment, retention and funding for combined technicians, a four (4) month Post Radiology Technologist pilot project was initiated at the Queen Elizabeth Hospital in September, 1991. The purpose of this endeavor was to train Registered Radiology Technologists to perform diagnostic laboratory procedures, with a restricted range and nature, as in the smaller rural hospitals.

An evaluation of this pilot project is currently being carried out.

8. OUT-OF-PROVINCE/COUNTRY REFERRAL POLICY

On September 15, 1991, the Hospital and Health Services Commission implemented a new Out-of-Province Policy to assist the Commission with better utilization of health care dollars.

The policy requires Island residents to obtain approval from the Commission prior to receiving non-emergency out-of-province medical or hospital services. Coverage for emergency or sudden illness will be provided at provincial rates in Canadian currency.

These changes were implemented because the Commission believes that some of the dollars now being spent on out-of-province

care could be directed back into the Province, thereby improving and enhancing the quality of P.E.I.'s health care system.

9. OUT-OF-PROVINCE LIAISON PROGRAM

The P.E.I. Out-of-Province Liaison Program continues to operate from an office located in the Victoria General Hospital in Halifax, Nova Scotia. Requests for services related to discharge planning of P.E.I. patients from Halifax and Moncton hospitals are increasing. Contact has now expanded to include patients outside of the Maritimes and Canada.

From April 1990 - March 1991, there were 126 patients transferred back to Island hospitals, for a saving of 2,670 in-patient days in out-of-province hospitals. This represents a dollar savings estimated at \$1,223,892. In out-of-province hospital costs. Of the 126 transfers, the transportation costs for 44 of them were recovered from third party insurance sources. The acuity level of these patients varied from those requiring rehabilitative or palliative care to those on full life support systems.

In addition to patient transfers, the Liaison Program provides assistance and support to residents of P.E.I. receiving health care away from home.

10. PANEL ON THE HOSPITALS' ROLE IN THE HEALTH COMMUNITY

In 1989, a Panel on the Hospitals' Role in the Health Community was established, with representation from the Hospital & Health Services Commission, the P.E.I. Medical Society and the Hospital Association of P.E.I. Through a broad consultative process, the Panel examined the role of P.E.I. hospitals in the context of today's health care environment. In April, 1991 the Panel submitted its report "Challenge, Choice & Change - Health Care and Hospitals on Prince Edward Island", as well as three other documents - "Your Point of View", "The Service Profiles" and a "Statistical Compendium". Four strategic areas for improved management were identified: (1) the broad policy and program development framework (2) coordination among health service providers (3) utilization of hospital and medical services and (4) human resource management.

In June, 1991 the Minister of Health & Social Services established a P.E.I. Task Force on Health Care, with Dr. Doug Cudmore, Medical Director of the Hospital and Health Services Commission as the Chairperson. The Task Force has been mandated to recommend appropriate structures for policy leadership, management of health care and service delivery, as well as necessary legislative changes. It is anticipated the Task Force will submit its report to the Government Reform Committee early in 1992.

11. WEST PRINCE HOSPITALS

The Hospital and Health Services Commission has been working closely with the West Prince hospitals to ascertain present and future requirements for physical renovations and construction. A functional program is in process for the Community Hospital in O'Leary. At this time, it is anticipated a new building will be required. It is expected that construction will begin in 1992.

Construction has begun at the Western Hospital in Alberton and it is anticipated that the hospital will be moving into the new space added to the building during the fall of 1992. Renovations to the existing structure are scheduled for completion in early 1993.

C O M M I T T E E R E P O R T S :

1. DIALYSIS COORDINATING COMMITTEE

With government's acceptance of the recommendations of the P.E.I. Home Dialysis Program Report (Dec., 1990), the budget and management of this program was transferred to the Division of Home Care & Support of the Department of Health & Social Services. In addition, a Coordinating Committee, with representation from the Hospital and Health Services Commission, was established to facilitate the transfer of the program, monitor program costs and utilization, establish permanent coordinating mechanisms, update program policies and oversee the implementation of the report recommendations. The Committee has been meeting since May, 1991 and has been working on policy development issues in the area of supply management and cost control, as well as communication and coordination concerns.

2. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

The Emergency Medical Services (EMS) Advisory Committee was established in 1990 to the research/review issues related to the delivery of pre-hospital emergency services in P.E.I. and to formulate recommendations for consideration by the Hospital & Health

Services Commission. A final report including recommendations for a systems approach to pre-hospital care was presented to the Board of the Hospital and Health Services Commission in November, 1991. It was approved by the Board that the EMS Advisory Committee be formally approved as a committee of the Commission with a 2 year mandate to begin implementation of an EMS system on P.E.I., as proposed in the Final Report. A report will be submitted to the Commission at the end of the 2 year period.

3. HEALTH INFORMATION SYSTEM COMMITTEE

The Hospital Role Panel Report (April, 1991) recommended that action be taken on the development of a health information system for the Province.

In September of 1990, a plan for the implementation of an Island Health Information System was approved by the Hospital Administrators and the Commission Board. This plan outlined a provincial approach to the provision of automated health information.

A Health Information System Committee (HIS), comprised of representatives from the Hospital Association, the Commission, the Department of Health & Social Services and the Computer Services Division of the Department of Finance, has been formed to

prepare and issue a Request for Proposal (RFP) for an Island Health Information System.

The Commission anticipates receiving a recommendation from this Committee during the spring of 1992 and beginning implementation during 1992-93.

4. HEALTH TECHNOLOGY ASSESSMENT COMMITTEE

The Health Technology Committee, established in 1990, is comprised of representation from the Hospital and Health Services Commission, Hospital Association, Medical Society and the Department of Health & Social Services. The Committee has adopted guidelines for assessing new technologies, as recommended by the Report of the Panel on the Hospitals' Role in the Health Community. It has also received and discussed several reports from committee members on specific technology issues, including a computerized lab system for P.E.I. and the use of low osmolar contrast media in radiologic procedures. The Committee concluded that the computerization of lab services should be included as part of the implementation of the larger health information system and that the use of low osmolar contrast media be continued in Island hospitals.

5. INFORMATION STANDARDIZATION STEERING COMMITTEE

As a result of the Role Panel Report which identified the need for health care data standardization and the anticipated implementation of the health information system, the Hospital and Health Services Commission Board approved the establishment of an Information Standardization Steering Committee. The terms of reference were approved by the Commission Board in November, 1991 and the Steering Committee plans to begin its work in January, 1992.

6. LAB ADVISORY COMMITTEE

In April, 1991 the Hospital and Health Services Commission Board approved the establishment of a Lab Advisory Committee to provide a mechanism for provincial management of the lab services delivered by P.E.I.'s acute care hospitals. The Lab Committee will make recommendations to the Hospital and Health Services Commission in the areas identified by its terms of reference. At its first meeting in November, the Committee identified a number of "key issues", with the coordination and delivery of pathology services as a provincial system as their first priority. Several coordinating mechanisms have been recommended and the Prince County Hospital and Queen Elizabeth Hospital will be working on the implementation of these. The

second area of consideration will be the types of lab tests appropriate for each hospital and the skill level of lab staff. The Committee will meet on a monthly basis during 1992 and report annually to the Hospital and Health Services Commission.

7. LICENSED NURSING ASSISTANT (LNA) STEERING COMMITTEE

The LNA Steering Committee was established in 1989 in response to recommendations of the report "Nursing Education Needs on P.E.I.". In May, it received the report and recommendations of its sub-committee, the LNA Negotiating Committee, who had been meeting with Holland College representatives to examine the feasibility of transferring the LNA program to Holland College. In response to the Negotiating Committee's report, the LNA Steering Committee has suspended negotiations with Holland College and has recommended a number of actions to be implemented by specific organizations. These actions included recommending an Advisory Committee to the Central School of Nursing Assistants and more clearly defining the roles and scopes of practice of the nursing assistant and registered nursing levels of care.

8. MEDICAL RECORDS COMMITTEE

In June, 1991, a Medical Records Committee, with representation from each hospital's Medical Records Department and the Hospital

and Health Services Commission, was established. This occurred in response to the hospital administrators' request to the Commission for assistance in addressing the issue of storage and retention of medical records. The Committee prepared a draft document "Provincial Guidelines for Retention of Medical Records" and proposed various changes to the Hospital Management Regulations, with respect to medical record issues. These documents were presented to hospital administrators in December, 1991 for discussion and subsequent approval by individual hospitals.

9. NURSING FORUM FOLLOW-UP COMMITTEE

The Nursing Forum Follow-Up Committee was established to work through solutions to the issues that were identified by the Nursing Forum held in 1989. This Committee is comprised of representatives from the P.E.I. Nurses Union, the Association of Nurses of P.E.I., the Department of Health & Social Services, Hospital Association of P.E.I. and the P.E.I. Hospital and Health Services Commission.

An evaluation of the current status of these issues is presently being carried out to determine whether these issues and/or the priority assigned to them at the Nursing Forum have remained the same or whether these have changed over time.

10. PAY EQUITY STEERING COMMITTEE

The Commission is participating in a General Hospital Joint Pay Equity Committee, comprised of representation from Canadian Union of Public Employees, Excluded Staff, Health Negotiating Agency, International Union of Operating Engineers and the P.E.I. Nurses Union. The Committee, which is responsible for the implementation of pay equity for hospital employees in accordance with the provisions of the Pay Equity Act, officially began work on January 1, 1990.

Pay Equity or "Equal Pay for Work of Equal Value" is a compensation practice which bases wages on the value of the work being performed regardless of the gender of the individual performing the work.

The Committee has completed two stages of a four stage process. Stage 1 saw the negotiation of a job evaluation system and identification of the gender predominant classification completed. Analysis of job classes and determination of relative values were finalized in Stage 11. Stage 111, the negotiation of the quantum and the distribution of the quantum between the groups, was to be completed by December 31, 1991. Negotiations between the various groups on these issues have not been completed as of December 31, 1991. Stage 1V, the implementation of pay equity in the hospitals, will be retroactive to January 1, 1992 upon completion of the negotiations in Stage 111.

11. PHYSICIAN RESOURCE PLANNING COMMITTEE

The Physician Resource Planning Committee (PRPC), with representation from the Hospital and Health Services Commission, the P.E.I. Medical Society and the Hospital Association of P.E.I., was established in 1988 to manage a physician resource plan for P.E.I. This Committee is chaired by the Medical Society representative and meets on a regular monthly basis. In February, Dr. Wayne Putnam from Dalhousie University submitted his findings from Phase I of the Continuing Medical Education (CME) research project. In response, a Management Committee, comprised of representation from the PRPC and other Island physicians, was established as Phase II of the project. This Committee has been working with Dr. Putnam in establishing a number of CME pilot projects, including teleconferencing, visiting teacher program and videotaping of clinical days.

Other activities of the PRPC included policy development for sponsorship of residency positions, support of summer student medical program, updating of P.E.I. physician complement statistics and a visit to P.E.I. medical students at Dalhousie University. The Committee also received the evaluation report on the G.P. Psychiatry program, which recommended a continuation of the program with several administrative changes. The Committee is continuing to deal with issues related to recruitment and retention of specialty physicians.

12. POISON CONTROL COMMITTEE

This Committee, with representation from the Queen Elizabeth Hospital, Prince County Hospital, the P.E.I. Medical Society, the Department of Health & Social Services' Division of Nursing and the P.E.I. Hospital and Health Services Commission, was established in 1991 to monitor the effectiveness of the Poison Control Program.

The Poison Control Program began on Feb. 1, 1991 and consists of a 1-800 toll free telephone line direct to the I.W.K., enabling all callers to receive immediate advice on poisonings or suspected poisonings. Current information with recommendations for treatment are provided to P.E.I. hospitals whenever a patient requires treatment. As well, all calls received on poisonings for children under 16 years of age are referred by the I.W.K. to P.E.I. Public Health Nurses.

An evaluation of this program has been completed and a draft of the report and recommendations have been submitted to the Evaluation Committee for its consideration.

13. REGISTERED NURSING (R.N.) TRANSITION COMMITTEE

The R.N. Transition Committee is a joint committee of the University of P.E.I., the P.E.I. Hospital & Health Services Commission and the Department of Education with

representation from the P.E.I. School of Nursing Board and Faculty, the Association of Nurses of P.E.I., Department of Health & Social Services, the Medical Society and the Hospital Association. This Committee was established to facilitate the smooth transition of the nursing diploma program to the degree program. In June, the Committee submitted a progress report to its representative organizations.

In September 1991, the P.E.I. School of Nursing accepted its last class of diploma students and plans are now well underway for UPEI to accept its first degree nursing students in September 1992. The Committee is currently dealing with legislative issues concerning the Nurses' Act and UPEI Act and is continuing to monitor the follow-up associated with recommendations made to specific organizations.

**S T A T I S T I C A L
C O M P E N D I U M :**

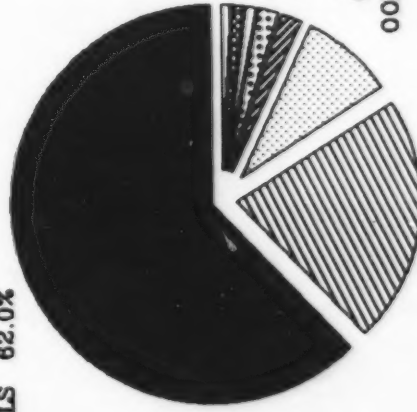
INTRODUCTION:

Expenditure figures used in the following tables were obtained from the Auditor General's Report of the P.E.I. Hospital and Health Services Commission. Data obtained on medical and physician services are based on physician claim forms and resident registration data which comprise the health information system used by the Commission.

Distribution of Expenditures

1989 - 1990 & 1990 - 1991

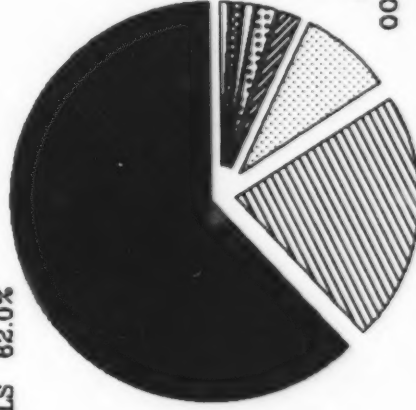
P.E.I. HOSPITALS 62.0%



P.E.I. DOCS 22.0%

1989/90

P.E.I. HOSPITALS 62.0%



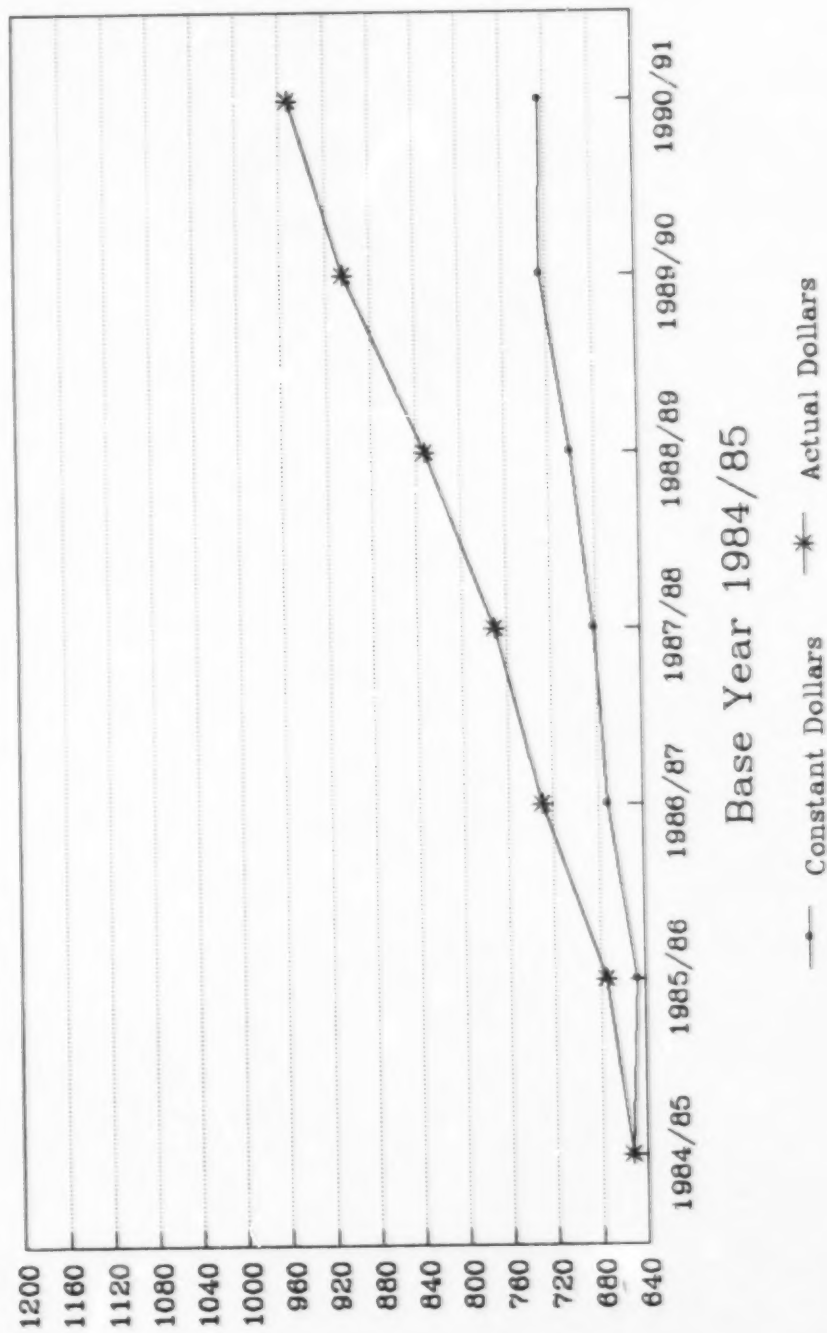
P.E.I. DOCS 22.0%

1990/91

Total 90 114,000,000 91 120,607,525



Per Capita Costs, HHSC Total Expenditures



1984/85 - 1990/91

EXHIBIT # 3
P.E.I. FULL-TIME EQUIVALENT PHYSICIAN COMPLEMENT,
NOV. 1989 & 1990 & 1991

	<u>FULL-TIME</u>	<u>PART-TIME</u> <u>EQUIV.</u>	<u>TOTAL FTE</u> <u>1991</u>	<u>TOTAL FTE</u> <u>1990</u>	<u>TOTAL FTE</u> <u>1989</u>
Family Practice	67	6.8	73.8	75.3	73.0
Specialties					
- Addiction Services	2	.3	2.3	2.3	2.3
- Anesthesia	6	1.8	7.8	8.0	7.8
- Dermatology	1	-	1.0	1.0	1.0
- Emergency Room Phys.	1	-	1.0	1.0	1.0
- Internal Medicine	8	.5	8.5	8.7	9.0
- Obstetrics/Gynecology	6	1.8*	7.8	8.7	9.2
- Ophthalmology	2	.3	2.3	2.4	2.3
- Otolaryngology	3	-	3.0	3.0	4.0
- Pediatrics	3	.3	3.3	2.4	3.6
- Psychiatry	5	.6	5.6	6.0	6.4
- Surgery:	6	-	6.0	7.0	7.0
General	3	-	3.0	3.0	3.0
Orthopedic	2	-	2.0	2.0	2.0
Plastics	2	-	2.0	2.0	2.0
Urological	1	-	1.0	1.0	1.0
- Physical Medicine	1	-	1.0	1.0	1.0
- Oncology	1	.6	6.6	6.4	6.0
- Radiology	6**				
- Lab. Physicians:					
Pathology	4***	-	4.0	4.0	4.0
Microbiology	1	-	1.0	1.0	1.0
Hematology	-	.5	.5	.5	.5
TOTALS	<u>130</u>	<u>13.5</u>	<u>143.5</u>	<u>146.7</u>	<u>147.1</u>

NOTES RE EXHIBIT 3:

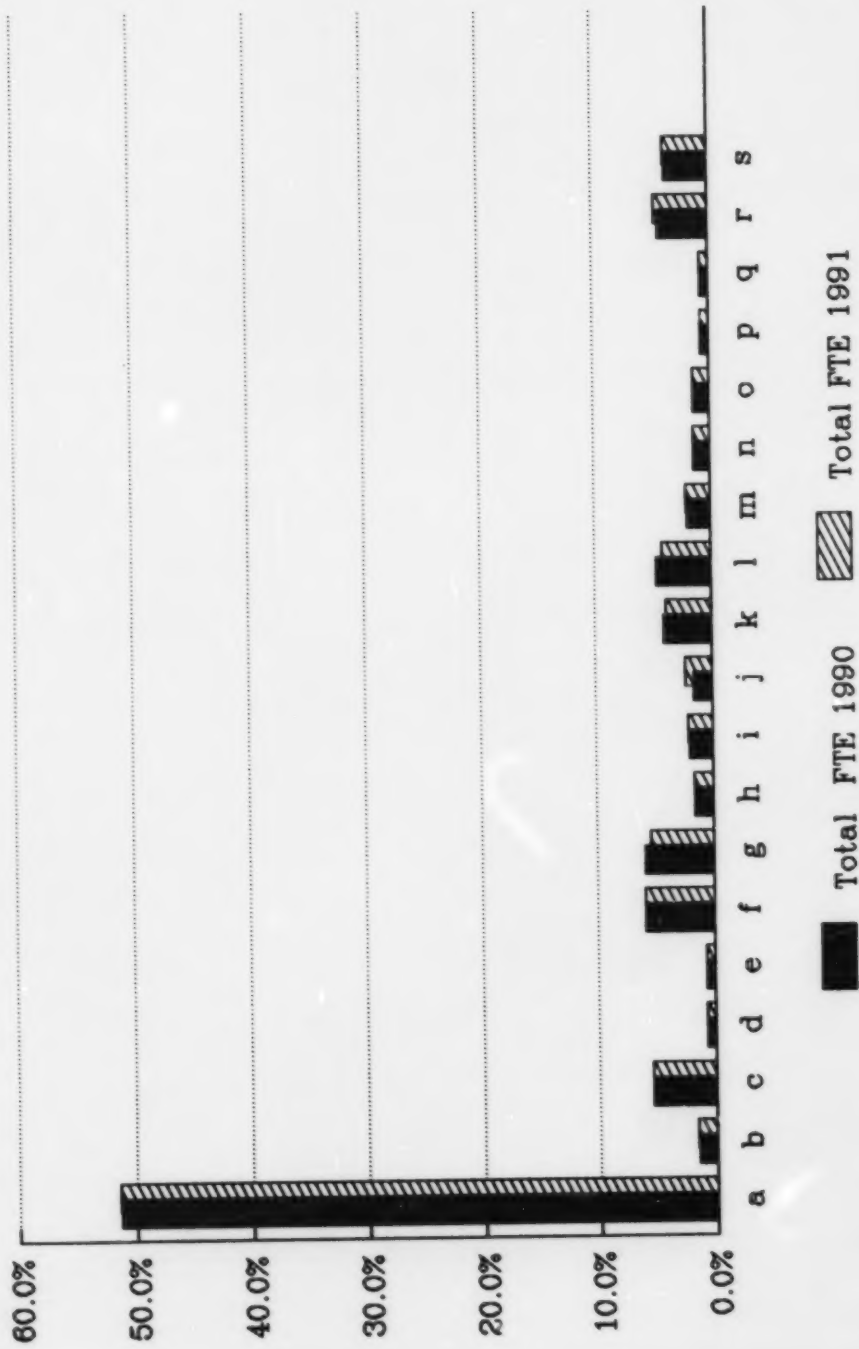
- * these part-time physicians provide gynecology services only
- ** 1 of these provides therapeutic radiology services
- *** 1 of these is also Director of Laboratories

DEFINITIONS

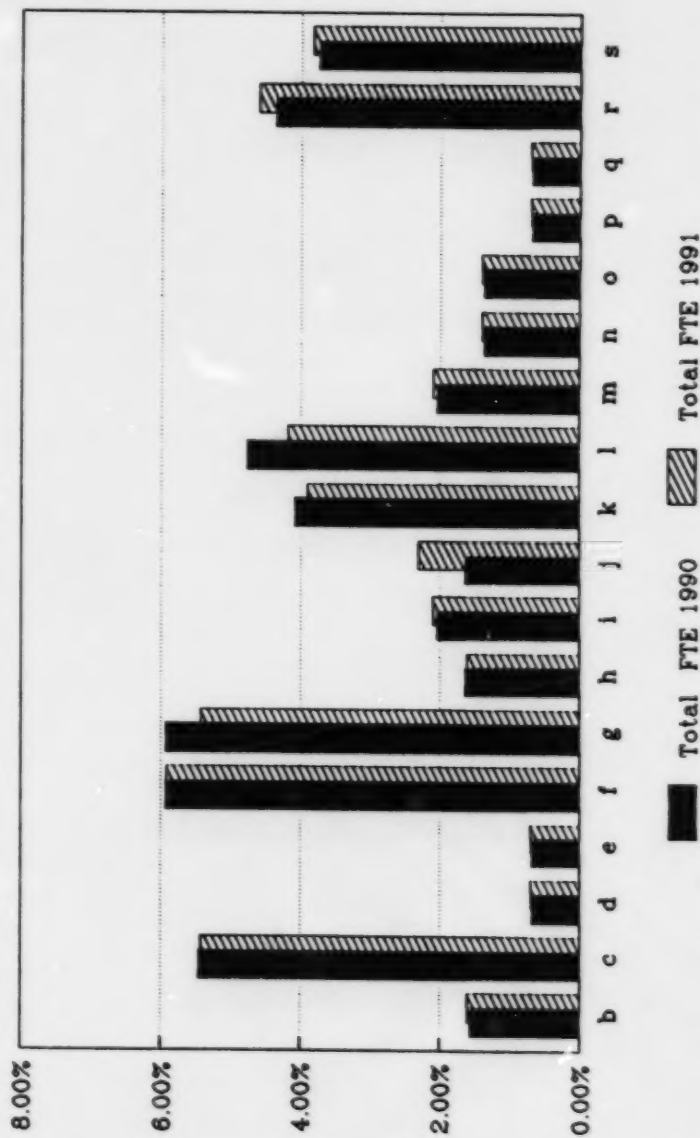
A full-time physician is one who earns at least $1/2$ of the mean income of that specialty.

Part-time Equivalents are calculated by totaling the earnings of the part-time physicians (those who earn less than $1/2$ of the mean income) and dividing by $1/2$ of the mean income of that specialty.

ALL PHYSICIANS AS A PERCENTAGE OF THE TOTAL



SPECIALISTS AS A PERCENTAGE OF TOTAL

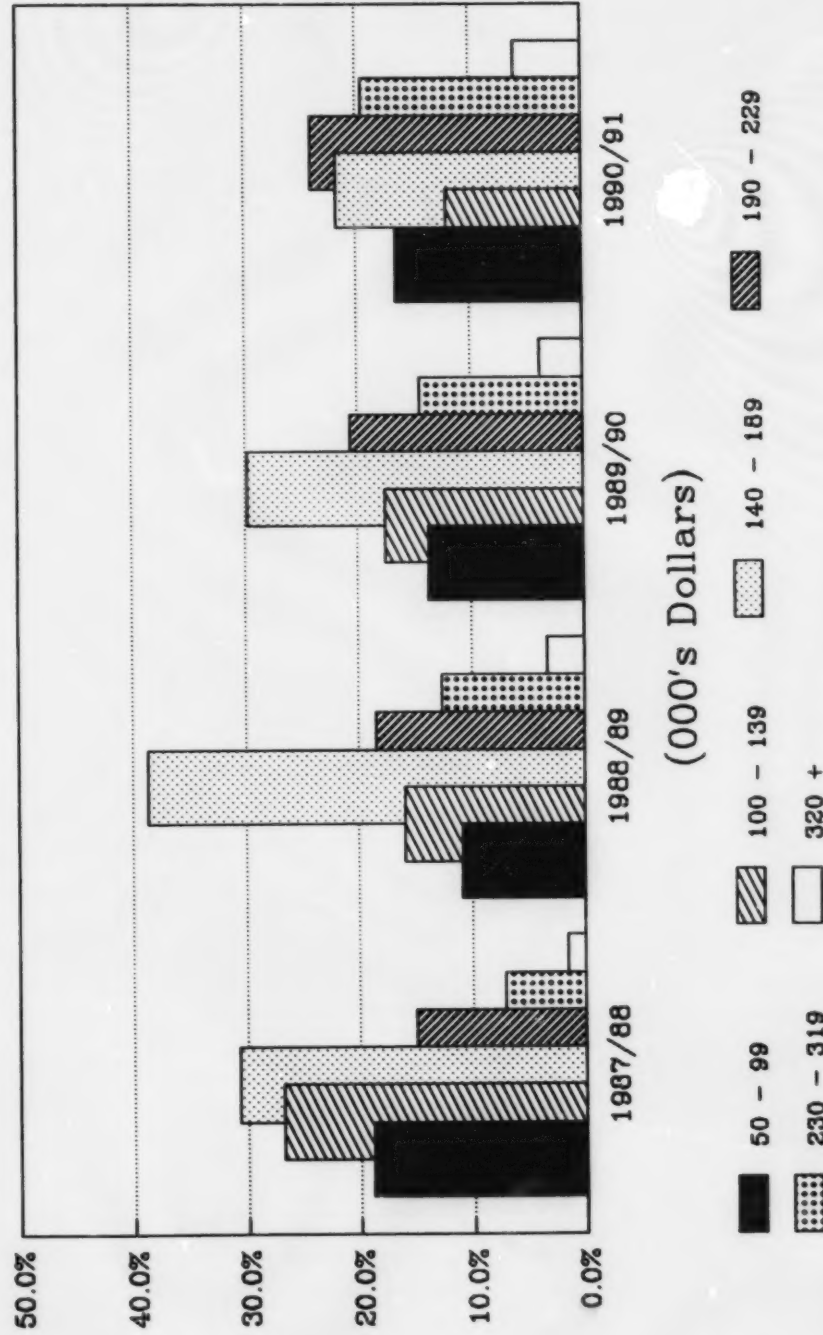


Key:

- | | | |
|--------------------------|-------------------------|-----------------------|
| a) Family Practice | b) Addiction Services | c) Anesthesia |
| d) Dermatology | e) Emergency Room Phys. | f) Internal Medicine |
| g) Obstetrics/Gynecology | h) Ophthalmology | i) Otolaryngology |
| j) Pediatrics | k) Psychiatry | l) General Surgery |
| m) Orthopedic Surgery | n) Plastic Surgery | o) Urological Surgery |
| p) Physical Medicine | q) Oncology | r) Radiology |
| s) Laboratory | | |



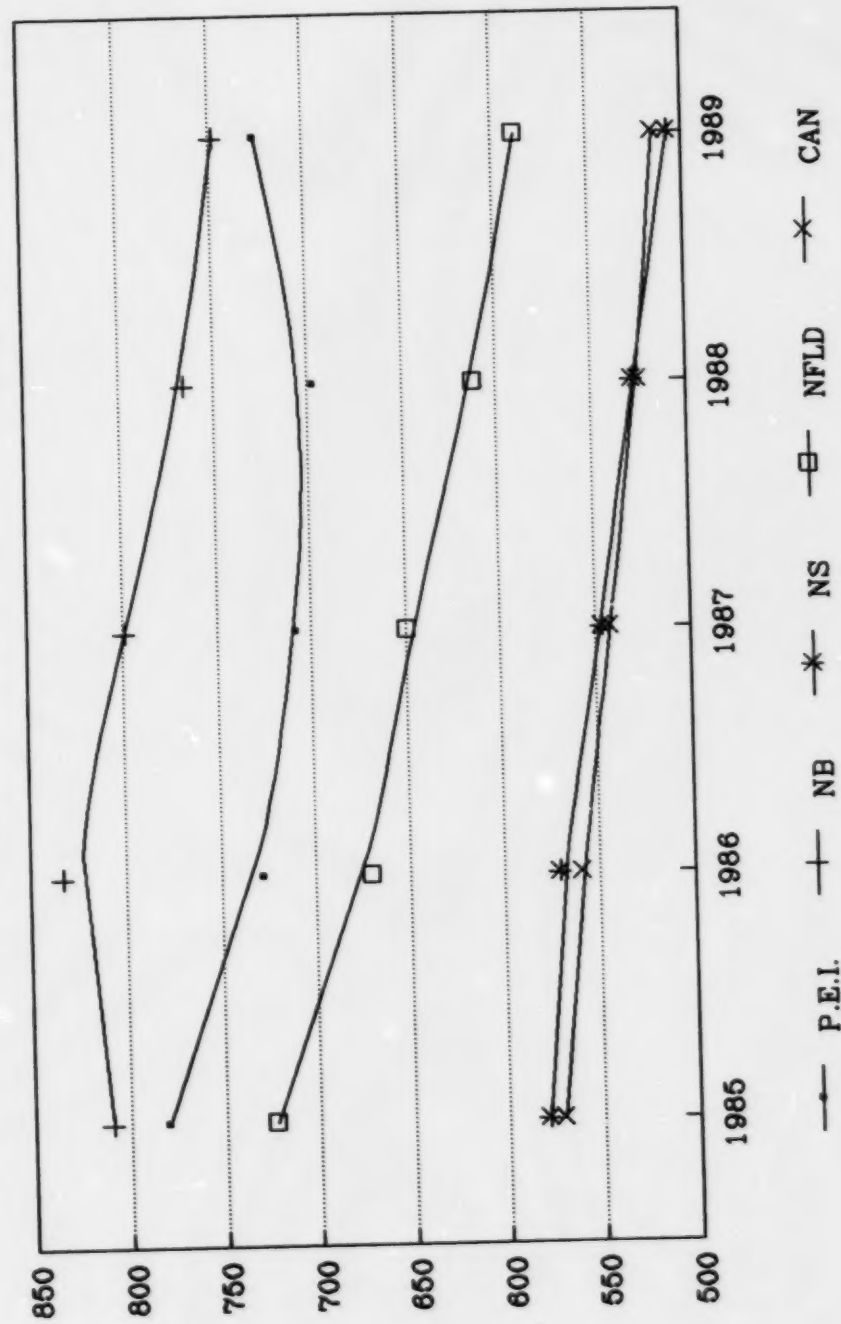
PERCENTAGE OF PHYSICIANS BY RANGE OF ANNUAL PAYMENT



1987/88 - 1990/91

POPULATION TO PHYSICIAN RATIO

Excluding Interns & Residents



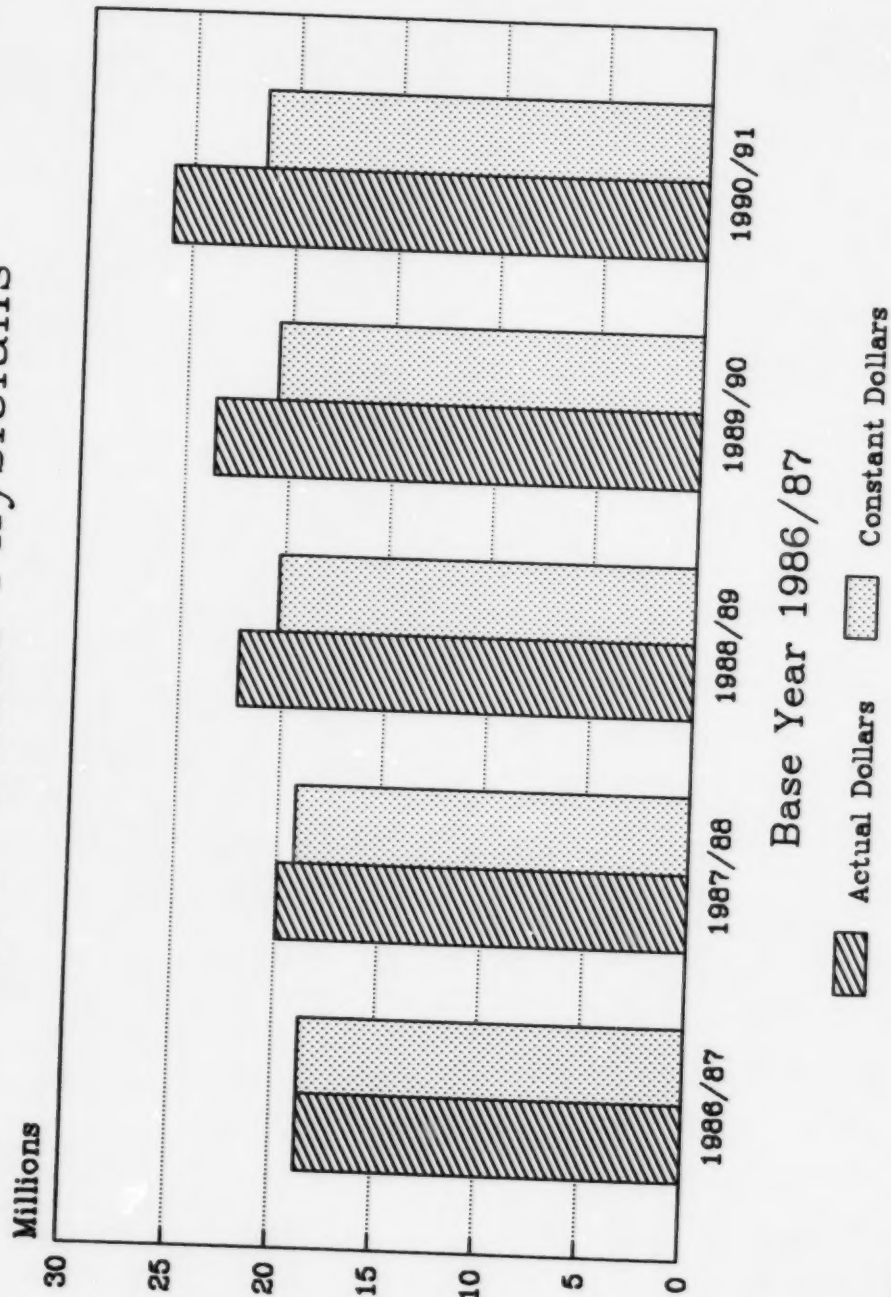
SOURCE: HEALTH & WELFARE CANADA

SERVICES BY IN PROVINCE PHYSICIANS



1987\88 TO 1990\91

Dollars Paid to In Province Physicians



1986 - 1991

EXHIBIT # 10- GEOGRAPHIC LOCATIONS OF P.E.I. COMMUNITY HOSPITALS

Prince County: 43,677
 Queen's County: 63,460
 King's County: 19,509

Prince Edward Island

Population - 1956 - 126,646



Population Source: Statistics Canada - 1956 Census Data

EXHIBIT # 11

UTILIZATION STATISTICS HOSPITALS OF PRINCE EDWARD ISLAND

	1987/88-1990/91				% Change 87/88-90/91
	Apr. 1/87 to Mar. 31/88	Apr. 1/88 to Mar. 31/89	Apr. 1/89 to Mar. 31/90	Apr. 1/90 to Mar. 31/91	
Number of Beds set up	690	694	694	694	+ 1%
Numbers of Bassinets set up	79	71	71	71	-10%
Total Patients Admitted (Adult, Children & Newborn)	24,028	25,866	27,150	27,450	+14%
Total Births in Hospitals	1,889	1,963	2,011	1,974	+ 4%
Adults & Children Patient Days	199,454	197,670	198,669	193,440	- 3%
Newborn Patient Days	10,083	10,647	10,461	9,440	- 6%
X-Ray Examinations	109,187	118,658	117,060	117,934	+ 8%
Laboratory Units of Work	8,342,256	8,852,885	8,636,613	8,631,027	+ 3%
Operations in O.R.	20,356	12,043	12,525	12,776	-37%
Emergency Room Visits	127,447	114,431	115,518	115,133	-10%
Physiotherapy Attendances	30,919	30,753	30,563	28,954	- 6%
Electrocardiograph Exams	26,043	27,713	26,368	26,620	+ 2%
Meal Days	360,472	372,036	381,189	367,067	+ 2%
Nursing Staff (Includes School of Nursing and L.N.A. Program Staff)	696	742	779	801	+15%
Other Staff	906	964	949	938	+ 4%
Total Staff (1)	1,602	1,706	1,728	1,739	+ 9%

NOTE 1: Staffing reported in full-time equivalents

Source: Annual Return of Health Care Facilities, - Hospitals
Part One, Statistics Canada

EXHIBIT # 12

COMPARATIVE STATISTICS, P.E.I. COMMUNITY HOSPITALS, 1990/91

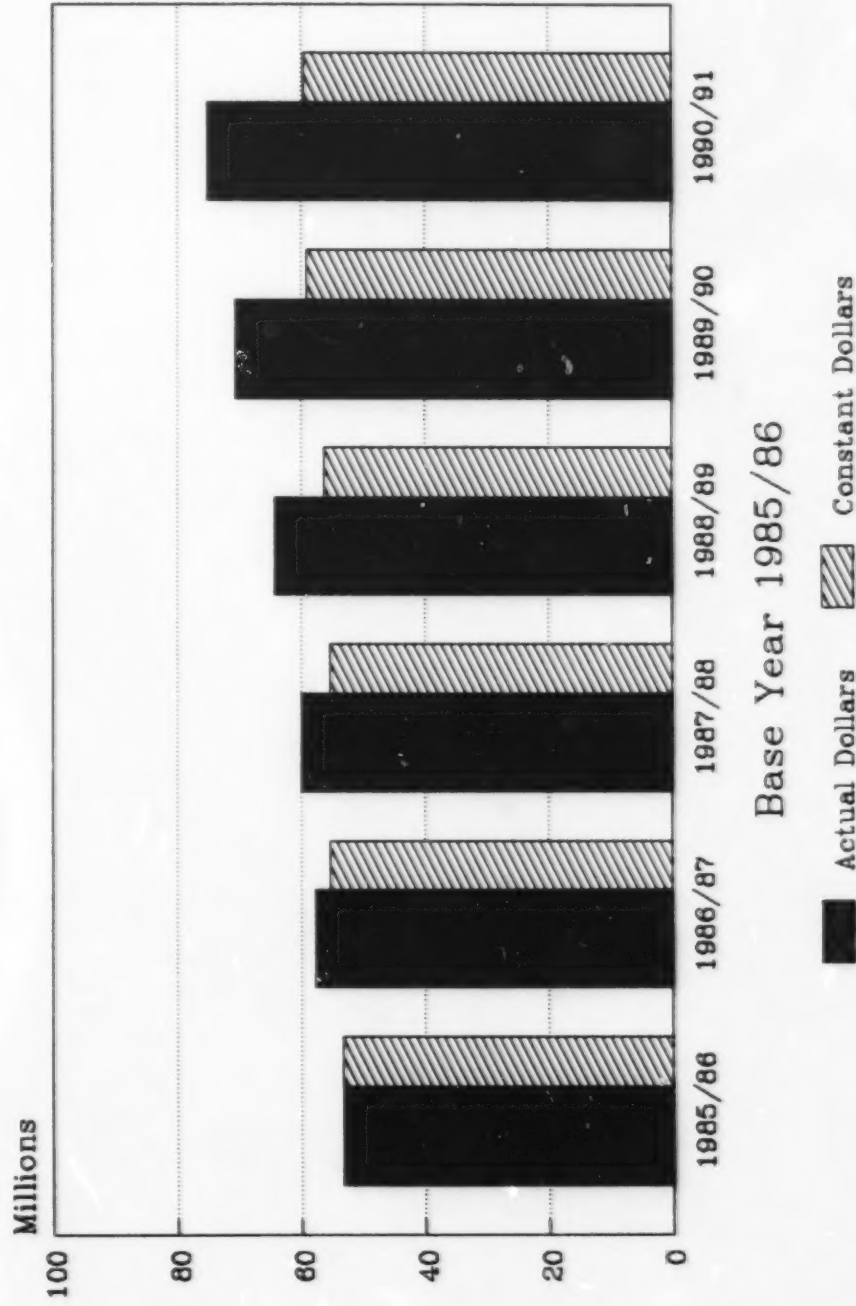
<u>HOSPITAL</u>	<u>APPROVED BED CAPACITY</u>	<u>ADMISSIONS</u>	<u>PT. DAYS</u>	<u>OCCUPANCY RATE (%)</u>	<u>AVERAGE LENGTH OF STAY</u>	<u>BIRTHS</u>
Queen Elizabeth	351	11,503	102,841	80%	9 days	1,245
Prince County	162	7,863	44,879	76	6 "	607
King's Co. Memorial	50	1,667	13,151	72	8 "	78
Souris	25	1,025	6,912	76	7 "	25
Western	50	1,208	10,393	57	9 "	0
Community	33	1,389	9,393	78	7 "	19
Stewart Memorial	<u>23</u>	<u>821</u>	<u>5,871</u>	70	7 "	<u>0</u>
TOTALS	<u>694</u>	<u>25,476</u>	<u>193,440</u>	76%	8 days	<u>1,974</u>

SOURCE: 1990/91 Annual Return of Health Care Facilities - Hospitals
Part One, Statistics Canada

BED TYPE - BY HOSPITAL

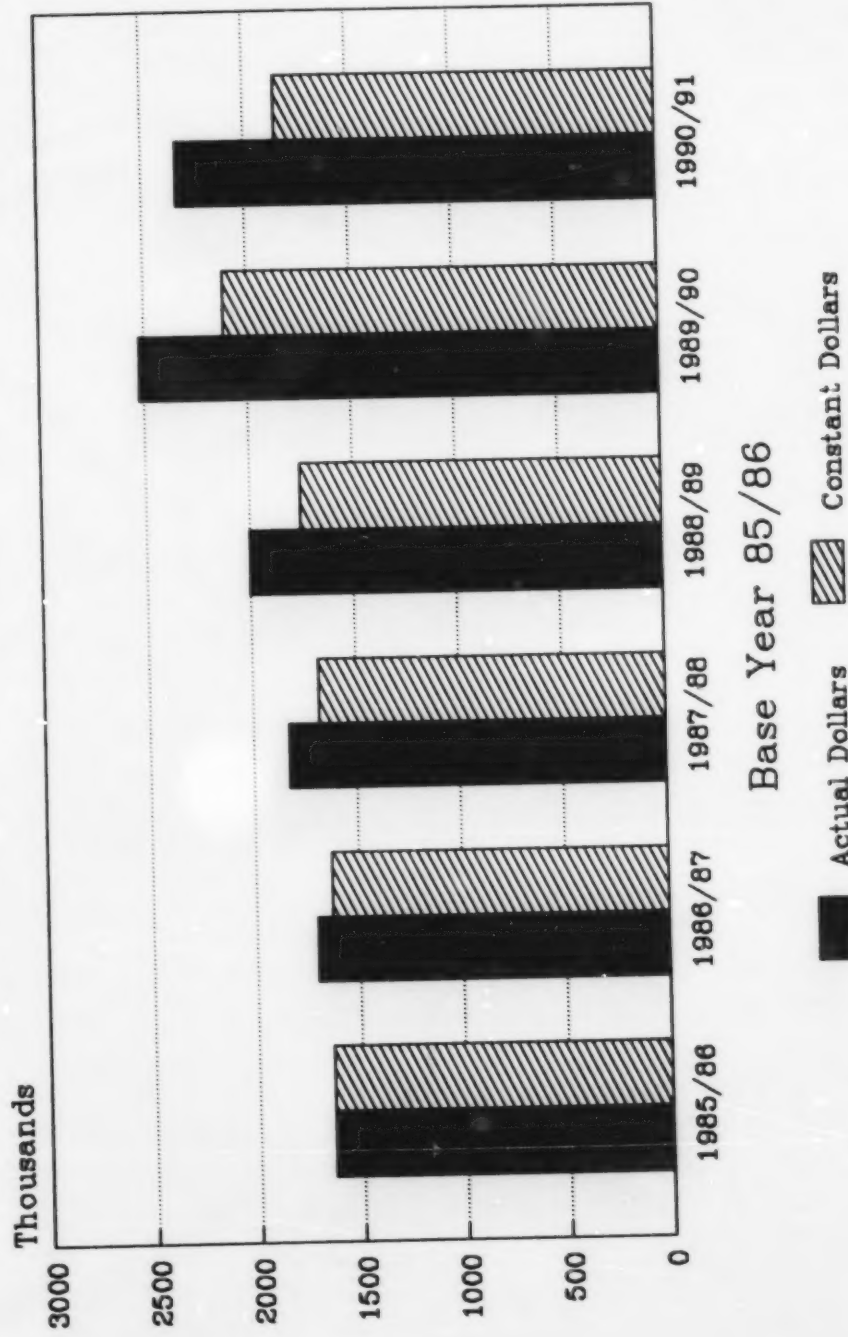
HOSPITAL	MEDICAL/ SURGICAL	OBSTETRICAL	PEDIATRIC	PSYCHIATRIC	INTENSIVE CARE UNIT	OTHER	TOTAL
COMMUNITY HOSPITAL	25	3	5				33
KING'S COUNTY MEMORIAL HOSPITAL	36	6	8				50
PRINCE COUNTY HOSPITAL	93	23	25	16	5		162
QUEEN ELIZABETH HOSPITAL	214	30	45	30	12	20(REHAB.)	351
SOURIS HOSPITAL	21	2	2				25
STEWART MEMORIAL HOSPITAL	20		3				23
WESTERN HOSPITAL	42		8				50
TOTAL	451	64	96	46	17	20	694

Dollars Paid to In Province Hospitals



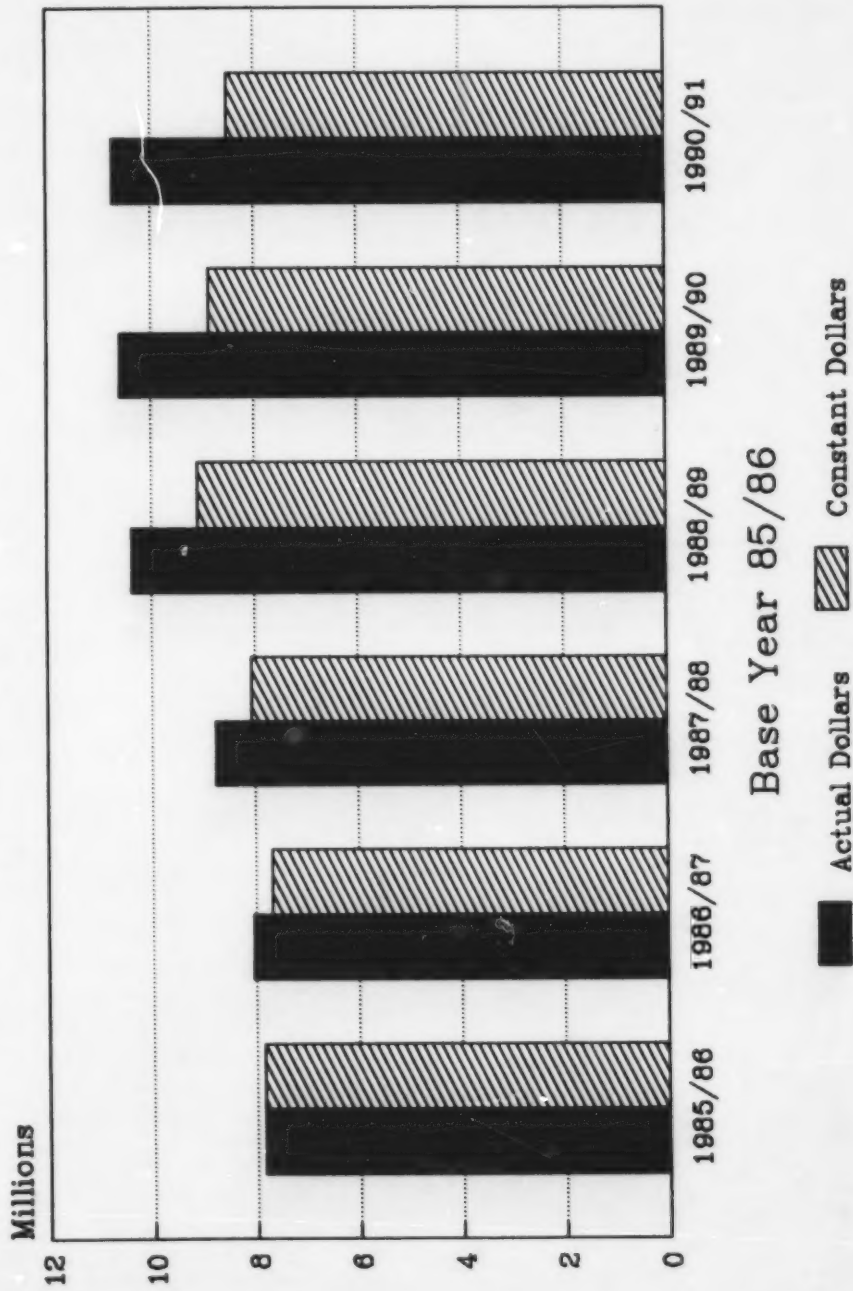
1985/86 to 1990/91

Dollars Paid to Out of Province Physicians



1985 - 1991

Dollars Paid to Out of Province Hospitals



1985 - 1991

EXHIBIT # 17

SUMMARY OF OUT-OF-PROVINCE ADMISSIONS & DAYS OF STAY, 1989/90 & 1990/91

	TOTAL ADMISSIONS		TOTAL DAYS STAYED	
	1989/90	1990/91	1989/90	1990/91
Newfoundland	4	4	15	18
New Brunswick	248	200	2,565	1,930
Nova Scotia	1,455	1,546	14,949	14,880
Quebec	32	13	331	84
Ontario	166	131	1,319	1,096
Manitoba	8	3	32	13
Saskatchewan	5	3	111	9
Alberta	26	12	120	47
British Columbia	17	14	69	44
Northwest Territories	-	-	-	-
TOTAL	1,961	1,926	19,511	18,121

AVERAGE LENGTH OF STAY: - 1989/90 - 9.95 DAYS
1990/91 - 9.41 DAYS

EXHIBIT # 18

SELECTED HIGH-COST PROCEDURES, APRIL 1/90 - MARCH 31/91

A. Transplants	Cost (\$)*	No.
Heart	\$101,100	1
Heart-lung	138,300	0
Lung	138,300	0
Liver	96,000	1
Bone Marrow	96,150	2
Kidney	38,500	4

B. Magnetic Resonance Imaging (MRI)	Cost (\$)	No.
	1,090	24

C. Lithotripsy	Cost (\$)	No.
	1,925 per kidney	21

* Note: Costs for these procedures do not include physician services. Transplant costs include hospital costs but MRI and lithotripsy costs are for the procedure alone.

AUDITOR GENERAL

CHARLOTTETOWN

PRINCE EDWARD ISLAND

HOSPITAL AND HEALTH SERVICES COMMISSION OF P.E.I.

FINANCIAL STATEMENTS

MARCH 31, 1991

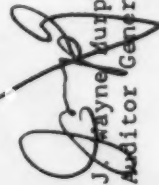
AUDITOR'S REPORT

To the Commissioners of the
Hospital and Health Services Commission

I have audited the balance sheet of the Hospital and Health Services Commission of Prince Edward Island as at March 31, 1991 and the statement of revenue and expenses for the year then ended. These financial statements are the responsibility of the Hospital and Health Services Commission of Prince Edward Island. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 1991 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.


J. Wayne Murphy, C.A.
Auditor General

Charlottetown, Prince Edward Island
July 3, 1991

STATEMENT 1

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1991

(with comparative figures at March 31, 1990)

ASSETS

CURRENT ASSETS

Cash

Accounts receivable

- Province of P.E.I.

- Other

Advances to Hospitals

Advance to Province of Nova Scotia - Note 2

	1991	1990
	\$ 86,711	\$ -
	6,402,187	6,367,428
	122,087	89,345
	18,503	-
	535,000	470,000
	<u>\$7,164,488</u>	<u>\$6,926,773</u>

LIABILITIES

CURRENT LIABILITIES

Bank overdraft

Payables and accruals - Note 3

	\$ -	\$ 244,035
	7,164,488	6,682,738
	<u>\$7,164,488</u>	<u>\$6,926,773</u>

(The accompanying notes are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER:

COMMISSIONER:

AUDITOR GENERAL - CHARLOTTETOWN PEI

STATEMENT 2

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

STATEMENT OF REVENUE AND EXPENSES

YEAR ENDED MARCH 31, 1991

(with comparative figures for the year ended March 31, 1990)

	1991 Original Budget	1991 Actual	1990 Actual
REVENUE			
Provincial appropriation - Note 4	\$119,220,700	\$120,404,587	\$114,246,664
Third party recoveries	-	105,108	90,490
Other income	-	97,830	70,838
	<u>119,220,700</u>	<u>120,607,525</u>	<u>114,407,992</u>
EXPENSES			
Hospital Services			
- Operating	66,517,800	68,654,588	63,009,493
- Debt	6,510,000	6,463,372	6,380,444
- Capital repairs	316,000	146,000	389,548
- Equipment	-	-	912,500
- Out of Province services	11,360,000	10,724,224	10,586,642
Medical Services			
- In Province physician fees	26,400,000	26,471,103	24,965,660
- Out of Province physician fees	2,226,000	2,329,628	2,518,563
Canadian Red Cross Society	1,272,000	1,307,773	1,170,745
Ambulance service	868,000	868,000	852,438
PEI School of Nursing	1,701,000	1,701,000	1,400,000
Administration - Salaries	1,666,700	1,570,533	1,661,606
- Other	383,200	371,304	560,353
	<u>119,220,700</u>	<u>120,607,525</u>	<u>114,407,992</u>
Net result for the year	\$ -	\$ -	\$ -

(The accompanying notes are an integral part of these financial statements)

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1991

1. Summary of significant accounting policies

a) The accounts are maintained on an accrual basis of accounting with the following modification:

- Fixed assets are expensed when purchased.

b) Accounts payable for hospital care and medical services are based on actual payments after March 31 plus an estimate of claims outstanding.

2. Advance to Province of Nova Scotia

This advance relates to out of Province services provided by Nova Scotia hospitals. Nova Scotia has requested the advance to compensate for the length of time required between the date of service and actual receipt of payment. This advance would reduce the payable for out of Province hospital care but has been treated separately for financial statement purposes.

	1991	1990
3. Payables and accruals		
Medical claims:		
- In Province physicians	\$2,100,000	\$3,029,737
- In Province radiologists	84,025	95,074
- In Province salaried physicians	6,720	4,800
- Out of Province physicians and patients (net)	579,662	341,483
Local hospitals and approved facilities for deficits and capital projects	840,309	388,714
Local hospitals for services to non-resident patients	142,125	349,034
Out of Province hospital care (net)	2,919,440	1,984,448
Canadian Red Cross	256,531	311,179
Ambulance operators	49,950	52,251
Other	185,726	126,018
	<u>\$7,164,488</u>	<u>\$6,682,738</u>

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS (continued)

MARCH 31, 1991

	1991	1990
4. Provincial appropriation	\$119,220,700	\$113,275,000
Original appropriation	126,400	971,664
Additional appropriation	1,637,000	-
Transfer	301,393	-
Appropriation from General Government	(880,906)	-
Unspent appropriation		
Total Provincial appropriation	<u>\$120,404,587</u>	<u>\$114,246,664</u>

Appropriation from General Government represents funds received from the Province to cover expenditures relating to the implementation of Pay Equity. Related costs are included in the financial statements as follows:

Hospital operations	\$276,888
Salaries	<u>24,505</u>
	<u>\$301,393</u>

5. Benefits: The employees of the Hospital and Health Services Commission are entitled to pension benefits under the terms of their employment. The employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of P.E.I. and are not reflected in the Commission's financial statements.